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PTO/SB/21 (08-03)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM

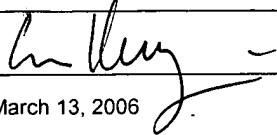
(to be used for all correspondence after initial filing)

		Application Number	10/630,261
		Filing Date	July 30, 2003
		First Named Inventor	Syed F.A. Hossainy
		Group Art Unit	1615
		Examiner Name	Casey Shea Hagopian
Total Number of Pages in This Submission	7	Attorney Docket Number	50623.276

ENCLOSURES (check all that apply)

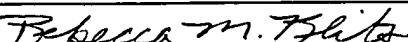
<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization <input checked="" type="checkbox"/> Postage Paid Return Postcard <input type="checkbox"/> Response To Office Action <input type="checkbox"/> Amendment Transmittal Letter <input type="checkbox"/> Statement of Common Ownership <input checked="" type="checkbox"/> Petition for Extension of Time (2 months) <input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449 citing ___ References <input checked="" type="checkbox"/> Express Mail Label No. EV 687137947 US <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) In/Formal ___ Sheets with Submission of Drawings Transmittal <input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate) <input checked="" type="checkbox"/> Request for Continued Examination Transmittal (RCE) (1 page) (in duplicate) <input checked="" type="checkbox"/> Fee Transmittal (1 page) (in duplicate) <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ___	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Statement of Common Ownership (1 page) <input type="checkbox"/> Request for Status of Application <input type="checkbox"/> Other:
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Cameron K. Kerrigan, Reg. No. 44,826	
Signature		
Date	March 13, 2006	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in a box addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: March 13, 2006

Typed or printed name	Rebecca M. Klits	
Signature		Date
	March 13, 2006	

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A circular stamp with the words "U.S. PATENT & TRADEMARK OFFICE" at the top and bottom, and "MAR 13 2006" in the center.

FEE TRANSMITTAL

TOTAL AMOUNT OF PAYMENT

Subtotal (1) + Subtotal (2) + Subtotal (3) = **\$1,240.00**

<i>Complete if Known</i>	
Application Number	10/630,261
Filing Date	July 30, 2003
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Group Art Unit	1615
Examiner Name	Casey Shea Hagopian
Attorney Docket Number	50623.276

METHOD OF PAYMENT

FEE CALCULATION (continued)

1. The Commissioner is hereby authorized to:

Charge the indicated fees to the below mentioned deposit account.

Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account.[†]

Applicant claims small entity status. See 37 CFR 1.27.

Deposit Account Number: 07-1850
Deposit Account Name: Squire, Sanders & Dempsey

A Duplicate Copy of this authorization is attached

2. Payment Enclosed:

[] Check [] Other

FEE CALCULATION (fees effective 10/1/01)

1. FILING FEE

<u>Large Entity Fee Code/Fee</u>	<u>Small Entity Fee Code/Fee</u>	<u>Fee Description</u>	<u>Fee Due</u>
1011/\$300	2011/\$150	Utility Filing	<input type="text"/>
1017/\$200	2017/\$100	Design Filing	<input type="text"/>
1014/\$300	2014/\$150	Reissue	<input type="text"/>
1005/\$200	2005/\$100	Provisional Filing	<input type="text"/>
SUBTOTAL (1)			(\$ 0

2. CLAIMS

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description
1202/\$50	2202/\$25	Claims in excess of 20
1201/\$200	2201/\$100	Independent claims in excess of 3
1203/\$360	2203/\$180	Multiple dependent claim

(Col. 1)		(Col. 2)		(Col. 3)			
For	No. of Existing Claims	Highest No. Previously Paid For		Extra**		Fee	Fee Due
TOTAL		20 or	=	0	x	\$50	\$0
INDEP		3 or	=	0	x	\$200	\$0
[] First presentation of multiple dependent claim							0

* Subtract the greater number of Col. 2

** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3

SUBTOTAL (2) (\$) 0

SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name	Cameron K. Kerrigan	Reg. Number	44,826
Signature		Date	March 13, 2006